



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS TX 75202-2733

July 22, 2015

Walmart Supercenter #6929
ATTN: Justin Wilson
6801 W. Adams Avenue
Temple, TX 76502

To Whom It May Concern:

This letter is to serve as notification that your Notification of Regulated Waste Activity Form (8700-12) has been received and processed. Your EPA ID number is:

TXR000083226

Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality
Permitting and Registration Support Division
Registration and Reporting Section, MC129
P.O. Box 13087
Austin, TX 78711-3087
512-239-6413

Sincerely,


A handwritten signature in cursive script that reads "Shirley Bayless".

Shirley Bayless
Management/Program Analyst
EPA, Region 6
Multimedia Planning and Permitting Division

20150610

OMB# 2050-0024; Expires 01/31/2017

✓ 1/21/15 pr

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number TX R1000083226		
3. Site Name	Name: Walmart Supercenter #6929		
4. Site Location Information	Street Address: 6801 W Adams Avenue		
	City, Town, or Village: Temple		County: Bell
	State: TX	Country: USA	Zip Code: 76502
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. 4 5 2 9 1 0		C.
	B.		D.
7. Site Mailing Address	Street or P.O. Box: P.O. Box 8041		
	City, Town, or Village: Bentonville		
	State: AR	Country: USA	Zip Code: 72712-8041
8. Site Contact Person	First Name: Justin MI: Last: Wilson		
	Title: Senior Manager		
	Street or P.O. Box: P.O. Box 8041		
	City, Town or Village: Bentonville		
	State: AR	Country: USA	Zip Code: 72712-8041
	Email: justin.p.wilson@walmart.com		
	Phone: 479-204-3517	Ext.:	Fax: 479-204-9675
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Wal-Mart Stores Texas, LLC		Date Became Owner: 06/15/2015
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	Street or P.O. Box: P.O. Box 8041		
	City, Town, or Village: Bentonville		Phone: 479-204-3517
	State: AR	Country: USA	Zip Code: 72712-8041
	B. Name of Site's Operator: Wal-Mart Stores Texas, LLC		Date Became Operator: 06/15/2015
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

Copy to EPA

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06/24/15
TB

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10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

Y ☒ N ☐ 1. Generator of Hazardous Waste
If "Yes," mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

Y ☐ N ☒ **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.

Y ☐ N ☒ 3. United States Importer of Hazardous Waste

Y ☐ N ☒ 4. Mixed Waste (hazardous and radioactive) Generator

Y ☒ N ☐ 1. Generator of Hazardous Waste
If "Yes," mark only one of the following – a, b, or c.

Y ☐ N ☒ 5. Transporter of Hazardous Waste
If "Yes," mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

(2.2 lbs/mo) of acute hazardous waste; or
Generates, in any calendar month, or
accumulates at any time, more than 100 kg/mo
of acute hazardous waste.

Y ☐ N ☒ 6. **Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.

material. Y ☐ N ☒ 7. Recycler of Hazardous Waste

☒ c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste. Y ☐ N ☒ 8. Exempt Boiler and/or Industrial Furnace If "Yes," mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒ 3. United States Importer of Hazardous Waste

Y ☐ N ☒ 4. Mixed Waste (hazardous and radioactive) Generator Y ☐ N ☒ 10. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒ 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☒ 1. Used Oil Transporter
If "Yes," mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes," mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒ 3. Off-Specification Used Oil Burner

Y ☐ N ☒ 4. Used Oil Fuel Marketer
If "Yes," mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D003	D004	D005	D006	D007
D008	D009	D010	D011	D016	D018	D022
D024	D026	D027	D035	D039	D043	P001
P075	U002	U034	U035	U058	U072	U122
U129	U132	U134	U150	U154	U159	U165
U188	U200	U205	U210	U249	U279	U409

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

[illegible]

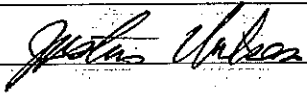
12. Notification of Hazardous Secondary Material (HSM) Activity

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Justin Wilson, Senior Manager	05/27/2015



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 6
1445 ROSS AVENUE, SUITE 1200
DALLAS TX 75202-2733

May 12, 2015

Family Dollar #10824
ATTN: Kevin Straight
6768 W. Adams Ave.
Temple, TX 76502

To Whom It May Concern:

This letter is to serve as notification that your Notification of Regulated Waste Activity Form (8700-12) has been received and processed. Your EPA ID number is:

TXR000083136

Future updates to your generator status, owner/operator information or other inquiries should be sent to your state environmental agency:

Texas Commission on Environmental Quality
Permitting and Registration Support Division
Registration and Reporting Section, MC129
P.O. Box 13087
Austin, TX 78711-3087
512-239-6413

Sincerely,

A handwritten signature in cursive script that reads "Shirley Bayless".

Shirley Bayless
Management/Program Analyst
EPA, Region 6
Multimedia Planning and Permitting Division

2015012

✓ 4/13/15
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**SEND
COMPLETED
FORM TO:**
The Appropriate
State or Regional
Office.

**United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM**



1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)		
2. Site EPA ID Number	EPA ID Number <u>TXR0000083136</u>		
3. Site Name	Name: FAMILY DOLLAR #10824		
4. Site Location Information	Street Address: 6768 W. Adams Avenue <u>me</u> City, Town, or Village: Temple County: Bell State: TX Country: United States Zip Code: 76502		
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>452999</u> C. _____ B. _____ D. _____		
7. Site Mailing Address	Street or P.O. Box: P.O. Box 1017 City, Town, or Village: Charlotte State: NC Country: United States Zip Code: 28201		
8. Site Contact Person	First Name: Kevin MI: Last: Straight Title: Program Manager, Environmental Compliance Street or P.O. Box: P.O. Box 1017 City, Town or Village: Charlotte State: NC Country: United States Zip Code: 28201 Email: kstraight@familydollar.com Phone: 704-708-1909 Ext.: Fax:		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Temple - North G2K Development, LLC Date Became Owner: 3/28/2013 Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: 11609 Kingridge Drive City, Town, or Village: Montgomery Phone: 254-753-7900 State: TX Country: United States Zip Code: 77316 B. Name of Site's Operator: Family Dollar Stores Date Became Operator: 7/17/2014 Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

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10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

Y ☒ N ☐

1. Generator of Hazardous Waste

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☐ N ☒

2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

3. United States Importer of Hazardous Waste

Y ☐ N ☒

4. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒

5. Transporter of Hazardous Waste

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒

6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.

Y ☐ N ☒

7. Recycler of Hazardous Waste

Y ☐ N ☒

8. Exempt Boiler and/or Industrial Furnace If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

9. Underground Injection Control

Y ☐ N ☒

10. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☒

1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) _____ ☐
- f. Other (specify) _____ ☐
- g. Other (specify) _____ ☐

Y ☐ N ☒

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☒

1. Used Oil Transporter

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒

2. Used Oil Processor and/or Re-refiner If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner.

Y ☐ N ☒

3. Off-Specification Used Oil Burner

Y ☐ N ☒

4. Used Oil Fuel Marketer

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number

TXR000083136

OMB#: 2050-0024; Expires 12/31/2014

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D004	D005	D007	D008	D009	D010	D011
D016	D024	D001	D035	U002		

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

EPA ID Number

TXR000083136

OMB# 2050-0024; Expires 12/31/2014

12. Notification of Hazardous Secondary Material (HSM) ActivityY ☐ N ☒

Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(iii), 40 CFR 261.4(a)(23), (24), or (25)?

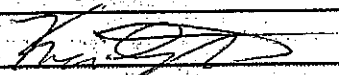
If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed
(mm/dd/yyyy)

Kevin Straight, Program Manager, Envir

11/13/2014